



State of California  
Department of Justice  
Firearms Division



# Entertainment Firearms Permit Application

See instructions on reverse side

## Application Type

☐ **New Permit** **L** Provide Applicant Tracking Identifier (ATI) Number **L** \_\_\_\_\_

☐ **Annual Renewal** **L** Provide Entertainment Firearms Permit # and Expiration Date **L** \_\_\_\_\_  
EFP # \_\_\_\_\_ Expiration Date \_\_\_\_\_

## Applicant Information

Name: \_\_\_\_\_  
Last \_\_\_\_\_ Suffix (e.g., Jr., Sr.) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Alias: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Male: ☐ Female: ☐ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
State or Country

United States Citizen: Yes ☐ No ☐ **IF NO** **L** \_\_\_\_\_  
Country of Citizenship \_\_\_\_\_ Alien Registration # or I-94 # \_\_\_\_\_

California DL or ID #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Residential Address (Physical): \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Certification

I declare under penalty of perjury (Sections 118 et seq., and 672 PC) that all statements made by me on this application are true and complete. I expressly authorize DOJ to perform firearms eligibility checks of all relevant state and federal databases, including the National Instant Criminal Background Check System. I further understand that if I knowingly furnish a fictitious name or address or knowingly furnish any incorrect information or omit any information required to be provided on this application, I am guilty of a misdemeanor.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail completed application and remittance payable to the Department of Justice to:  
CA Department of Justice, Firearms Division - EFP, P.O. Box 820200, Sacramento, CA 94203-0200

### DOJ Use Only

Date Received: \_\_\_\_\_ EFP #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Issue/Denial Date: \_\_\_\_\_ NTN #: \_\_\_\_\_ Initials: \_\_\_\_\_

# Entertainment Firearms Permit Instructions

## New Applicants:

### Fingerprint Submission Requirements:

You must submit your fingerprint impressions before submitting this application form to the Department of Justice (DOJ). To submit fingerprint impressions, you must take a completed Request for Live Scan Service form (BCII 8016) to a Live Scan station. Please refer to [www.ag.ca.gov/fingerprints](http://www.ag.ca.gov/fingerprints) for Live Scan station location information. There, you need to have your fingerprint impressions submitted to DOJ and FBI. You must pay the Live Scan operator a **\$32** DOJ fingerprint processing fee, a **\$24** FBI fingerprint processing fee, as well as the Live Scan operator's fee (Note: the Live Scan operator fee varies by Live Scan site, and the Firearms Division does not regulate or set this price).

The Live Scan operator will provide an Applicant Tracking Identifier (ATI) number on your copy of the Request for Live Scan Service form (BCII 8016). The ATI number documents your fingerprint submissions. You must enter your ATI number on the designated space of your Entertainment Firearms Permit application form.

### Application Form Submission Requirements:

Complete the Entertainment Firearms Permits (EFP) Application form, being sure to include your Live Scan ATI number. The EFP application processing fee is \$48. Submit your completed EFP application with a \$48 check or money order payable to Department of Justice to:

**Department of Justice  
Firearms Division - EFP  
P.O. Box 820200  
Sacramento, CA 94203-0200**

It is recommended you retain a copy of your completed EFP application form and your Request for Live Scan Service form for your records.

## Renewal Applicants:

The EFP annual renewal processing fee is \$29. Fingerprint submissions are not required for annual renewal applications. Submit your completed EFP application with a \$29 check or money order payable to Department of Justice to:

**Department of Justice  
Firearms Division - EFP  
P.O. Box 820200  
Sacramento, CA 94203-0200**

It is recommended you retain a copy of your completed EFP renewal application form for your records.



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: CA0349400  
Code assigned by DOJ

Type of Application: ENTRMNT FIREARM 12081 PC

Job Title or Type of License, Certification or Permit:

Entertainment Firearms Permit

Agency Address Set Contributing Agency:

Department of Justice, Firearms Division

01123

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

P.O. Box 820200

Firearms Lic. Permits Unit

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento, California 94203-0200

916-227-3694

City State Zip Code

Contact Telephone No.

Name of Applicant:  
(please print)

Last

First

MI

Alias:

Last

First

Driver's License No.

Date of Birth: Sex: ☐ Male ☐ Female

Misc. No. BIL-

N/A

Agency Billing Number (if applicable)

Height: Weight:

Misc. No:

Eye Color: Hair Color:

Home Address:

Street or P.O. Box

Place of Birth:

City, State and Zip Code

SOC:

Your Number: N/A  
OCA No. (Agency Identifying No.)

Level of Service

DOJ: ☒

FBI: ☒

If resubmission, list Original ATI No.

Employer: (Additional response for agencies specified by statute)

N/A

N/A

Employer Name

N/A

Street No. Street or P.O. Box

N/A  
Mail Code (five digit code assigned by DOJ)

N/A

( ) N/A  
Agency Telephone No. (optional)

City State Zip Code

Live Scan Transaction Completed

By:

Name of Operator

Date:

Transmitting Agency

ATI No.

Amount Collected/Billed

# REQUEST FOR LIVE SCAN SERVICE

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Sacramento, California

94203-0200

916-227-3694

City

State

Zip Code

Contact Telephone No.

Name of Applicant:  
(please print)

Last

First

MI

Alias:

Last

First

Driver's License No.

Date of Birth:

Sex:

☐

Male

☐

Female

Misc. No. BIL-

N/A

Agency Billing Number (if applicable)

Height:

Weight:

Misc. No:

Eye Color:

Hair Color:

Home Address:

Street or P.O. Box

Place of Birth:

City, State and Zip Code

SOC:

Your Number:

N/A

OCA No. (Agency Identifying No.)

Level of Service

DOJ:

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Employer: (Additional response for agencies specified by statute)

N/A

N/A

Employer Name

N/A

Street No.

Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

N/A

City

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Zip Code

( )

N/A

Agency Telephone No. (optional)

Live Scan Transaction Completed

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